

<b>REPORT ID:</b>	BNxxx0505	
<b>REPORT NAME:</b>	Leave Totals Verification	
<b>PURPOSE:</b>	Gives eligibility totals of sick leave balance if over 120 hours. Form is used to indicate the amount of sick leave (maximum of 24 hours) to transfer to Personal Leave. Explanation and instructions located on back of report. (Report is printed portrait front and back)	
<b>SORT BY:</b>	Department ID Employee Name	
<b>CONTENTS:</b>	Report ID Run Date As of Date <b>Line 1 Data:</b> Employee Name Employee ID/Record Number Maildrop ID Department ID	<b>Line 2 Data:</b> Annual Leave Balance Sick Leave Balance Forfeited Leave Balance Holiday Leave Balance Personal Leave Balance Compensatory Time FLSA/GA
<b>FREQUENCY:</b>	Annual In December	
<b>DISTRIBUTION/ RETENTION PERIOD:</b>	InfoPAC/Document Direct – 30 Days	
<b>RESPONSIBILITY:</b>	Control M <i>or</i> FSS	
<b>NAVIGATION:</b>	N/A	
<b>JOB/PROGRAM NAME:</b>	fsbna015/BEN505X	

PHOENIX HRMS  
BENEFIT REPORTS

Employee Not Eligible

STATE OF GEORGIA

REPORT ID: BN4000505  
RUN DATE: 12-07-2000

LEAVE TOTALS VERIFICATION AS OF 11-30-2000

NAME	EMPLID/RCD#	MAILDROP	DEPT ID			
Doe, Jane M.	00111111/000	400-240107	4002403030			
ANNUAL LEAVE BALANCE	SICK LEAVE BALANCE	FORFEITED BALANCE	HOLIDAY BALANCE	PERSONAL LEAVE	COMPENSATORY TIME FLSA	GA
HRS:MIN 28:45	HRS:MIN 34:15	HRS:MIN 00:00	HRS:MIN 00:00	HRS:MIN 00:00	HRS:MIN 00:00	HRS:MIN 00:00

Any personal leave balance shown above will be lost if not used by December 31, 2000.

Your sick leave balance indicates you are not eligible for personal leave for calendar year 2001. To be eligible, your balance as of November 30, 2000 must be greater than 120 hours.

PLEASE SIGN AND RETURN YOUR FORM TO:  
Dept. of Omni - OFFICE OF HUMAN RESOURCES AT 1508 E.T.  
BY DECEMBER 29, 2000  
ANY FORMS NOT RECEIVED BY 5:00 PM ON 12/29/00 WILL NOT BE ACCEPTED!

EMPLOYEE SIGNATURE

DATE

Employee Is Eligible

STATE OF GEORGIA

REPORT ID: BN4000505  
RUN DATE: 12-07-2000

LEAVE TOTALS VERIFICATION AS OF 11-30-2000

NAME	EMPLID/RCD#	MAILDROP	DEPT ID			
Doe, John S.	00222222/000	400-300100	4001112220			
ANNUAL LEAVE BALANCE	SICK LEAVE BALANCE	FORFEITED BALANCE	HOLIDAY BALANCE	PERSONAL LEAVE	COMPENSATORY TIME FLSA	GA
HRS:MIN 360:00	HRS:MIN 720:00	HRS:MIN 1774:30	HRS:MIN 00:00	HRS:MIN 00:00	HRS:MIN 00:00	HRS:MIN 00:00

Any personal leave balance shown about will be lost if not used by December 31, 1999.

You are eligible to convert up to 24 hours and 0 minutes of sick leave to personal leave. Carefully read the information on the reverse of this form. Sign and return the form no later than December 31,1999.

I wish to convert \_\_\_\_\_ hours and \_\_\_\_\_ minutes of sick leave to personal leave. I hereby certify that I have read and understand the conditions stated on the reverse side of this report. I further understand that all personal leave must be used during calendar year 2000 or will be lost.

☐ Check if you do not wish to convert any sick leave to personal leave.

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BY DECEMBER 29, 2000  
ANY FORMS NOT RECEIVED BY 5:00 PM ON 12/29/00 WILL NOT BE ACCEPTED!

EMPLOYEE SIGNATURE

DATE

